Wounded Spirits, Ailing Hearts 3
Pharmacotherapy
Written Video Transcript

There isn't much doubt, (Spiro), that Indian veterans benefit from help if they can get it. The challenge is to reduce the barriers to care or figure ways around them. Physicians, nurses and other primary care providers [00:00.20.00] can play an important part. And many more Native veterans in your study sought care for physical ailments than treatment for alcohol, drug or mental health disorders. This was in spite of the high frequency of alcohol abuse and dependence. Our experience at the VA suggests many combat veterans [00:00.40.00] seen in medical settings suffer from undetected PTSD. This can present major problems for practitioners. Do somatic symptoms related to PTSD complicate the assessment and the treatment of physical health problems? Alcohol abuse or dependence further confuses the diagnostic picture. [00:01.00.00] It also makes medication management a much bigger challenge. Patient adherence to regimens is equally troublesome. Veterans with PTSD typically distrust authority, especially as it relates to the government of which the VA and the IHS [00:01.20.00] are obvious extensions. Coupled with the angry, defiant manner that can spring from PTSD these patients quickly become seen as difficult or even hateful. Veterans who suffer from untreated PTSD overutilize medical services and may needlessly [00:01.40.00] consume scarce resources. And there is a stigma attached to seeking help from mental health specialists. A medical clinic feels much safer. This is particularly true in Indian and Native communities. We've made a lot of progress in destigmatizing treatment of alcoholism [00:02.00.00] but the notion of seeking help for a mental disorder is still beyond many Native American veterans. One told me, "I don't want people to think I am crazy." As a primary care provider, understanding PTSD will help you help your patients. You are well [00:02.20.00] positioned to screen for PTSD. Brief, simple screeners are available. If you're aware of the hallmark symptoms such as flashbacks, you will catch 90% of the cases that pass through your clinic. If you suspect a patient is suffering from PTSD use careful listening [00:02.40.00] and a little general persuasion and then refer him or her to a mental health professional. There are excellent materials on PTSD and they're easy to get. Just look in the educational guide that accompanies this part of the series. The Veteran's Service Officer at the local Tribal Veteran's [00:03.00.00] Program or the Vet Center can help also.

The mainstay of treatment, Peter, for chronic combat-related PTSD is still long term individual and group psychotherapy. Cognitive behavioral intervention, such as anger management, grief work and direct therapeutic exposure, are widely used [00:03.20.00] often in combination with pharmacotherapy. But frankly, these approaches have mixed results and there's not much outcome data available. A number of well controlled trials are underway and promise to shed more light on their effectiveness. These techniques appear to work with many [00:03.40.00] Native American veterans but better when cultural factors are taken into account. Primary care providers usually are not directly

involved in treating PTSD. Still, you can play an important role, especially in pharmacotherapy. Peter?

Yes, (Spiro), there are particular challenges [00:04.00.00] to this kind of intervention in many Indian and Native communities. For reasons related to the psychobiology of PTSD, a selective serotonin reuptake inhibitor, an SSRI, or antidepressant such as Sertraline, Paroxetine, Fluvoxamine, (Fluvoxatine) [00:04.20.00] is the first step in terms of medication. These medications can create the potential for serious drug-drug interactions and I always provide my patients with a wallet card listing medications to avoid while taking an SSRI. I ask them to make sure they show the instructions to their doctor [00:04.40.00] but patients forget. So, it's advisable to ask for this information, especially given that the medical records available to you may reflect only part of the picture as a consequence of the multiple and the fragmented systems of care in Indian country. SSRIs can have [00:05.00.00] positive effects on all three symptom clusters, that is intrusions, avoidance/numbing, and arousal. They are especially effective in treating avoidance/numbing and arousal symptoms. Associated disorders such as major depression, generalized anxiety disorder and panic disorder may improve [00:05.20.00] as well. However, response to these medications can sometimes take ten to twelve weeks at a full therapeutic dose. Common errors include stopping the medication trial before it has had a chance to start and administering the drugs in insufficient doses. Monoamine oxidase inhibitors, [00:05.40.00] known as MAOIs, and to a less extent tricyclic antidepressants, known as TCAs, can be more effective than SSRIs in dealing with the intrusive symptoms but they have a poor side effect profile and these drugs are dangerous when mixed with alcohol. [00:06.00.00] Especially for the monoamine oxidase inhibitors, dietary restrictions must be considered as well. In general, (benzodiazapenes), especially the shorter acting ones, are a poor choice because of habituation, loss of potency over time and addiction. In summary, pharmacotherapy [00:06.20.00] often begins with an SSRI. The medication is gradually increased to a higher dosage spectrum and continues at this level for three months then we reevaluate the patient for residual PTSD symptoms. Other medications may be added to the regimen to address symptoms not otherwise controlled [00:06.40.00] by SSRIs. Pharmacotherapy is a complicated, uncertain process that requires considerable knowledge, experience and support. As a primary care provider you shouldn't expect to initiate it or assume responsibility for its management. However, be alert to the [00:07.00.00] possibility of this type of treatment and its implications for your patients.

And since we know many Native American veterans who suffer from PTSD also drink heavily, primary care providers should be especially cautious of interactions between alcohol and medications. Because of our highly [00:07.20.00] fragmented services systems, as you pointed out, Peter, we suggest practitioners make a point of asking Native Americans about other ongoing treatment. It will help if you explain why you need to know. We appreciate the time you've taken to watch. If you need more information, we encourage you to consult with the Veteran's Center, [00:07.40.00] a Tribal Veteran's Program, or IHS service unit in your community. You also can learn more about special programs for women veterans by contacting the VA's Center for

Women Veterans at area code 202-273-6193. [00:08.00.00] And of course, the VA's National Center for PTSD is in White River Junction, Vermont. You can call them at 1-802-296-5132 or visit their Web page. The center has a wealth of information including current literature on PTSD [00:08.20.00] and regularly updated summaries of assessment and treatment. The program guide that accompanies this series also offers more specific information and resources. Thank you for being among those who care for these men and women. Your help honors Native American veterans, their families [00:08.40.00] and communities.

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